Teen health screen

We ask all our teen patients about drugs and alcohol because substance use can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

S2BI:

In the **PAST YEAR**, how many times have you used:	Never	Once or twice	Monthly	Weekly
Tobacco:	☐	☐	☐	☐
Alcohol:	☐	☐	☐	☐
Marijuana:	☐	☐	☐	☐

If you answered "Never" to all questions above, you can skip to **CRAFFT question #1** and then stop. Otherwise, please continue answering all questions below.

Prescription drugs that were not prescribed for you: (such as pain medication or Adderall)	☐	☐	☐	☐
Illegal drugs: (such as cocaine or ecstasy)	☐	☐	☐	☐
Inhalants: (such as nitrous oxide)	☐	☐	☐	☐
Herbs or synthetic drugs: (such as salvia, "K2", or bath salts)	☐	☐	☐	☐

CRAFFT questions

	No	Yes
1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
4. Do you ever forget things you did while using alcohol or drugs?	☐	☐
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐